	HD	
DISCLOSURE SUMMARY PAGE	ter concert and a service concerns and a service of the service of	DR-2 DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization)	IA ETHIC	(Rev. 12/2005) REPORT
DEARDEN FOR STATE SENATE	Cana	Comm # 740
IMPORTANT: Indicate by # type of committee you are reporting for:		M (2:0,20n )
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (4) County Central Committee (5) County Candidate (6) City Candidate (7) School	3 ISINIA DAAL	Scanned
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other (11) Local Ballot Issue	Political Subdivision PAC	Computer
CANDIDATE COMMITTEES ONLY:		Audited NA 9
	_	File with:
DICK L. DEARDEN	Party (if applicable)	lowa Ethics and Campaign Disclosure Board
	f Senate or House)	510 E. 12 <sup>th</sup> , Ste. 1A Des Moines, Iowa 50319
	34	Fax: 515-281-3701
Late reports are subject to possible civil and criminal penalties. Pursuant to lowarthe candidate, for a candidate's committee, and the chairperson, for any other typindividual responsible for filing timely and accurate reports.	Code section 688.32A(7) e of committee, is the $(5.15)$ $2.78-1052$	10/20/08
SIGNATURE OF PERSON FILING REPORT	ELEPHONE	DATE SIGNED
I AM FILING A <u>ELECTION VERR</u> REPORT (report date)  CHECK IF AMENDMENT TO REPORT DATED	Indicate by #	
	Loca	al Committees, enter Date of Election
Check if this is final (termination) report and attach Notice of Dissolution For (You must continue to file reports until a DR-3 is filed.)	Coun	nty & Local Committees, enter County in the Election is held
STATEMENT OF CAS	H ON HAND	
CASH ON HAND at the beginning of the reporting period. (Total of all funds h committee. This amount MUST be the same as the cash on hand at of the last reporting period or must be zero if this is first report filed.)	the end	9066.66
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see	in-kind below)	14 710.60
Schedule F: Loans Received total (Attach Schedule F)	***************************************	
Schedule H: Total Sales of Campaign Property (Attach Schedule H).	***************************************	
(Schedule H applies to Candidates' Committees Only)		
	SUB-TOTAL	\$ 23776.66
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debt	•	
Schedule F: Loan Repayments total (Attach Schedule F)		
CASH ON HAND at the end of this reporting period (if final report balance mus be zero) (Attach DR-3)		\$ 6585.60
	***************************************	
**UNPAID BILLS (From Schedule D - Attach Schedule D)		
**UNPAID BILLS (From Schedule D - Attach Schedule D) *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	***************************************	\$
		\$
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)		\$ \$
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)		\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Fo
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## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

VEHLDEN	FOR	STATE	SENATE	COMMITTE	Ε
					_

Reset Form	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS	
	CHECK THIS BOX AMENDING FORM		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
(MM/DD/YR)	AND PAC CHECK NUMBER		TO CANDIDATE* (if applicable)	RECEIVED	FUND- RAISER INCOME
	ID# 6116	FOWA DEALERS POLITICAL ACT	ION		T T
8/1/08	CK# 1703	P.O BOX 65840		\$ 00	L
1900	ID#	WEST DES MOINES, TA 50265	****	100-	
8/8/08	CK# 6013	LOWA MEDICAL P. A.C.		00	
80/8/0	1196	WEST DES MOINES IA 50265-350	2.	500	L
11	ID#	CARY & MARY SLATER			
8/8/08	CK# 6962	3303 E. UNI VERSITY		00	
	10#	DES MOINES, IA 50317  TOWA COMMITTER OF AUTOMOTIVE		150	
9/10/10	CK# 6659	PETAL EDE (		40	Г
8/13/08	3218	West DES MOINES. JA 50265		250	L
	ID# /361	CENT. IA BUILDING + CONST. TRADES	***************************************		
8/15/08	CK# 3221	P.O. BOS 7310		500	
• /	104	DES MOINES - IA 50309-73/0		200	
الماء	(1236	LABORERS LOCAL 177 PAC 2121 DELAWARE		60	
8/15/08	CK# 1340	DES MOINES 74 50317		1000	
. ,	6004	ASSOC. CEN CONTRACTORS OF TAN			
8/21/08	CK#	781 E. COURT HV		2 00	
72.70	H736	DES MOINES IA 50309.4944  OPERATING ENGINEERS LOCAL#234		3000	
al   .	CK# 44.5	POLITICAL FUND		90	
8/21/08	715	4880 HUBBELL Des Meines Ta 50317		250	
	ID# 6021	CREDIT UNION POLITICAL ACTION	<i>f</i> ,	60	
8/21/08	CK# 2244	p. 0. Dar 70401		1000	
, , , ,	1D#	DES MOINES IA 50306 WAYDE & DELORES BAUMAN		, , , ,	·
-	CK#	4122 LEY DEN AU		<u>aa</u>	
8/29/08	8067	DES MOINES - # 2 50317-5524		25	
			SUB-TOTAL	\$ 6 225	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_ of \_\_\_\_\_\_

## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

DEARDEN FOR STATE SENATE	COMM : TTEE
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Reset Form	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS		
	CHECK THIS BOX IF AMENDING FORM			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF SOME			
RECEIVED	(if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)	I TALOLIVED	RAISER
· · · · · · · · · · · · · · · · · · ·	ID#	JANIS CORDERMAN	· · · · · · · · · · · · · · · · · · ·		INCOME
6 24 40	CK#	281 CHRISTY LANE		\$	
0-27-08	CK# 2388	PLEASANT HILL-IA 50329		5000	L
	ID#	HELEN A. FULK		<u> </u>	
8-29-08	CK# 2.43	1630 WATER S EDGE DR		50	
0'21'08	CK# <b>3</b> 093	PLEASANT HILL-IA 50327		35	
		SAL & FOX TRIBE of MI. IN TA 349 MESKWAKI RD	•	60	
8-19-08	CK#			500	
	CK# 693641 ID#	TAMA-IA 52339-9634	<u> </u>	200	
	CIV# A	BARBARA & MAYNARD BOATWRIGHT.	•	00	
9-9-08	CK# CASH	DES MOINES - IA 50317		50-	<u> </u>
	ID#	SANDRA DIKON		70	
9-9-08	CK# <b>3617</b>	4012 LAKEWOOD LANE		œ	
7-7-08	3677	DES MOINES - IA 50320		25 25	<u> </u>
	ID#	JANICE B. HORNOCKER			
9-9-08	CK# 6922	3908 E. 2350 St. ADT 8		1.00	
. , , ,	ID#	DES MOINES-IA 50317		10-	
	OK#	KARL+MARCARET SCHILLING 3120 E. TITUS A VE		4	
9-9-08	CK# 14286	Des Moines - IA 50320-3000		50	
•	ID#	MARILYN R. SPINA	·	- 60	
9-9-08	CK# ,,	2545 E. OUID AVE		90	
7-7-08	CK# 4012	Des Moines - IA 56317-6023		30	
	6291	I.H. A. PAC		,	
9-9-08	CK# 2647	100 E. GRAND STE# 100		8	
	ID#	DES MOINES-IA 50309 KEVING STEPHANIE TECHAU		500	
0 10 00	CV#	1118 - 44 5 5 E		06	
7-12-08	CK# 44-04	DES MOINES, IX 50311	ļ	100	
			SUB-TOTAL		······································
				\$ 1300	

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Page 2 of 6 (for Schedule A)

## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Reset Form

A
(Rev. 07/03)

CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	I Juston
RECEIVED (MM/DD/YR)	(if applicable)	33 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	TO CANDIDATE*	RECEIVED	VIFFOR FUND-
(IVIIVI/DD/TR)	AND PAC CHECK NUMBER		(if applicable)		RAISER
	ID#				INCOME
		PATRICK & BARBARA MCCHNTOCK		\$	
9-15-08	CK# 9995	669 - 415 St.		00	L
1713-08	1773 ID#	DES MOINES- FA 56312-2747		50	
	ID#	JIM & KINNEY CARNAHAN			
9-15-08	CK# 4533	2810 - 38 El St.		ao	
775-08	4533	DES MOINES, IA 50310		50	L
	ID#	DEBRA MOORE & DONN STANLEY			
6	CK#	9725 AURORA AV		00	
9-23-08	CK# 4593	URBANDALE TA 50322-1339		100	
	ID#	THOMAS CLENN		7.00	
_	014#	450 NW 115 St	•	95	
9-23-08	CK# 4359	DES MOINES- FA 50313		50	
	ID#			00	
		TOM + KAY TIMMONS		امما	
9-23-08	CK# 5512	Box 14		20	
1- 27 0	ID#	PRAIRIE GTY, IK 50278		50	
	1U#	LYNN MUELENTHALER BEDFORD	·		
9-23-68	CK# 9169	840 ELM WOOD CT		_ 05	
1-43-08		ALTOONA-IA 50009		50	<b></b>
	ID#	STEVEN PERSON			
	CK#	300 WALNUT ST UNIT 93		66	
9-23-08	CK# 4021	DES MOINES, IA 50309.2241		25	L
	10#	CIVIL SERVANTS POITOCAL ED. LERCO	<b>E</b>		
_	CK# 4315	2121 DELAWARE	-	4-	
9-23-08	CK# 1071	Des MINES, IA 50317		1000 00	
	ID# 6237	ABATE PAC		1000	
	6257	3118 CASTERN AUG N.E.		60	
9-23-08	CK# 2052	1 2		300	
	ID#	CEDAR RAPIDS-TA S2402		900	
		JOHN & KRISTEN ROWEN			
9-13-08	CK# <b>456</b> 1	1414 854.5E		5.00	L
1 27-00	1301	ALTOON 4 - IA 50009		50	
	•	·	SUB-TOTAL	60	

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Page 3 of 6 (for Schedule A)

## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

DEARDEN FOR STATE SENATE COMMI	TEE
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n	SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS	
	CHECK THIS BOX IF AMENDING FORM		

Reset Forn

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION DISCLOSURE BOARD.

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR		<del>,</del>	
RECEIVED	(if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT	√ IF FOR
(MM/DD/YR)	AND PAC CHECK		(if applicable)	RECEIVED	FUND-
	NUMBER		(ii applicable)	1	RAISER
	ID# 6 698	FOWA BEU PAC			
	CK#	321 WALNUT STE 316	]	\$ 00	
9-23-08	3592				L
	ID#	DES MOINES - FA 50309-2026		500	
	6070	JOWA LAW PAC			
9-23-08	CK# 2.7.	625 E. COURT AU		90	
1. 25-08	CK# 3750	DES MOINES- IN 50809-1904		250	
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	S.C. I.F. Of LABOR AFL 910			
	CV#	CITIZENSHIP FUND		80	
9-23-08	1019	DES MOINES - IA		250	
	ID# 6062	FA. CERTIFIED PUBLIC ACCOON	AUTS		
	CK#	950 OFFICE PK. ROAD STE 300 PA	c	90	
9-23-08	407	W. DES MOINES FA 50265-2548	i	200	لـــــا
	ID#		· · · · · · · · · · · · · · · · · · ·	0.00	
		TIM ATONI URBAN 214 FOSTER DR		• •	
9-30-08	CK# 8 280	1 - '	,	- 0	
•	ID#	DES MOINES- IA 50312		250	
		JAMES + MARILYN MURPHY		1	
9-30-08	CK#	1925 3E 82 95C.		90	
1. 70.00	CK# 1032L	RUNNELLS, IA 50237		20	<del></del>
	ID#	DAVID & ELAINE WILKINSON			
00.0	CK# 42.3	2504 GUTHRIE AV		00	
9-30-08	CK# 7313	DES MOINES. IA 50317-3020		100	L
	ID#	RON KUNTZ			
	CK# CASH	405 - 6th AV STE 940		00	] ]
9-30:08	~~ CA>77	DES MOINES-IA 50309		100	L
	ID#				
- 28	OV# <b>A a a a</b> .	EARL MINCKS 8537 RIDGEVIEW DR.		80	
16-7-08	CK# CASH	DES MOINES. IA 50320	·	200	
•	ID#	JANICE B. HORDOCKER		×00 .	
		3908 E. 1395t APT8	.		
10-7-08	CK# 6940			2 66	
•	4.70	Des Moines, FA 50317		20-	
,			SUB-TOTAL	65	

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Page 4 of 6 (for Schedule A)

## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

DEARDEN FOR	STATE	SENATE	COMMITTI	EE
-------------	-------	--------	----------	----

Reset Form	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	DELATION CLUB	T AMOUNT	
RECEIVED	(if applicable)	TO WILL AND ADDITIONS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
(MM/DD/YR)	AND PAC CHECK NUMBER	1	(if applicable)		RAISER
	ID#	7/ 1/27 1/2 0 0 1/1/25			INCOME
		ELOISE M. CRANKE		\$ 60	
10-7-08	CK# 1879	2222 E. 4155 St.		00	
10.1	ID#	DES MOINES IA 50317-3434		20	
	1	ED & BONNIE CAMPBELL			
10-7-08	CK# acate	3131 FLEUR ADT702		66	
70.	CK# 2974	Des MoiNES #A 50321-1741		100	<u> </u>
	ID#	JANET 4 ART HEDBERG			
	CK#	1716 E. 315 CT		00	
10-1-08	3033	DES MOINES, IA 50317		100	
	ID#	JOWA F.O. R.E.			
	CK#	8525 DOUCLAS AU SEE 48		00	
10-1-08	2247	Des MoiNES. IA 50322		200	<u> </u>
	ID# 6038	VERIZON JOWASTATE			
		101 11 AV		60	
10-7-08	CK# 510	CRINNELL- JA 50112		200	
	ID#	TRUCK DAC TOWA		,	
. 4 .	GIO1	P.O BOX 6121 E. DES MOIDES STA		00	
10-7-08	3511	DES MOINES - I4 50309		1000	L
	ID# 6082	MID AMERICAN ENERGY EFFECTIVE GO	· · · · · · · · · · · · · · · · · · ·		
		LGG CRAND AU GOMMITTEE		60	
10-14-08	CK# 1412	DES MOINES IN 50303-0657		200	<u> </u>
· · · · · · · · · · · · · · · · · · ·	ID#	JONATHAN WILSON		2 (22	<u> </u>
	0///	2924 DRUID HILL DR		00	
10-14-08	CK#    91	Des Moines, IA 50315-2117		100	
	ID#	TE STATE COUNCIL OF MACHISTS	· · · · · · · · · · · · · · · · · · ·	, , ,	
	6095	2000 WALKER POL. FUND		<b>0</b> 0	
10-14-08	CK# 521			300	
	10#	DES MO, NES IA 50317 TA CHIROPRACTIC SOCIETY PAC		<i>0</i> , 00	
	6028	1405 N. ANKENY BLUD STE (06	.	m	
10-14-08	CK# 4404			/ 9	<u> </u>
	1104	ANKENY- IA 50023	OUD TOTAL	100	
			SUB-TOTAL	000	

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Page \_\_\_\_\_of\_\_\_6

For	Instructions,	See	Back	οf	Form
				<b>U</b> I	

#### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

DEARDEN	FOR	STATE	SENATE	Comm	TTEE

m Å	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS		
	CHECK THIS BOX IF AMENDING FORM			

Reset For

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)	RECEIVED	FUND- RAISER INCOME
	ID# 6067	TA HEALTH PAC 6750 WESTOWN PHWY # 100		\$	
10-14-08	CK# 3 935	WEST DES MONES TA 50266		1000	L
	ID#	LESCIE NORMAN 2725 JOHN PATTERSON RD		de	
10-14-08	CK#/0/18	DES MOINES, IA 50317		100	
	6019	CWA 7102 PAC 3612 SW 9 5 5 5		00	
10-14-08	CK# 0643	Des Moines In 50315	•	200	
-	ID#	M. B SNANSON 2808 E. 16# ST APTIE		00	
10-17-08	CK# /6045	DES MONES-IA 50316		50	
	ID#	KEN SAGAR-4CT 4018 E. 24-4CT		00	
10-17-08	CK# 2736	DES MOINES - JA 50317-4113		100	
	ID#	RONALD & SHARON HARMON 448 N. WALNUT BIND		00	
10-17.08	CK# <b>8951</b>	PLENSANT HILL IA 50329		100	
	CK#		·		
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
·			SUB-TOTAL	4500	

•

TOTAL (if last page of this schedule)

\$ 14 710 0

Page \_\_\_\_\_ of \_\_\_\_\_

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

	SCHEDULE <b>B</b> (Rev. 09/97)	MONETARY EXPENDITURES		
CHECK THIS BOX IF				

COMMITTEE NAME (Must be same as on Statement of Organization)

DEARDEN	FOR	STATE	SENATE	COMM. TTEE

PEARD	en for s	TATE SENATE COMMITTE	E	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/9/08	ID# CK# <b>2</b> 77	DAHL'S 3400 E. BARD DES MOINES, IA	POSTAGE	\$ 84.00
8/9/08	ID# CK# <b>278</b>	SENATE MAJORITY FUND SGGI FLEUR DR DES MOINES IT 50321	CONTRIBUTION	5000 00
8/3/08	ID# CK# <b>279</b>	CARTER PRINTING 1739 & GRAND AV DES MOINES IN 50316	RETURN ENVELOPES	65.72
8/29/08	ID# CK# 280	CARTER PRT. 1739 E. GRANDAV. DES MOINES, JA 50316	PRINTING	1164.54
8/29/08	ID# CK# 281	DAHL'S 3400 R. 33 PD DES MOINES, IA	POSTAGE	4200
10/01/08	ID# CK# 282	AMERICAN CONCRETE PRODU 265 SO 135 56 Wast Des Moines, IA 5026	1	74 80
10/01/08	ID# CK# <b>2</b> %3	SALLY HOLLINGSHEAD 3560 E. DOUGLAS AV Des Moines, JA 50317	28 PHONING HOURS PAYMENT	280 00
10/0/08	ID# CK# 284	EILEEN TURNER 3560 E. DOUGLAS AV DES MOINES. JA 50317	28 PHONING HOUR PAYMENT	280 00
			SUB-TOTAL	\$ 6991.06

TOTAL (if last page of this schedule)

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

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\$

# **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

	<del></del>	
SCHEDULE		
<b>B</b> (Rev. 09/97)	MONETARY EXPENDITURES	
CHECK THIS BOX IF AMENDING FORM		

COMMITTEE NAME (Must be same as on Statement of Organization)

DEARD	EN FOR	STATE SENATE CO	MM ITTEE	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/4/08	CK# 285	SALLY HOLLINGS HEAD 3560 E. DOUCLAS ST DES MOINES. JASG17	PHONING HOURS PAYMENT	\$ 100
10/9/08	ID# CK#286	EILZEN TURNER 3560 E. DOUGLAS AV DES MOINES, FASOSIT	PHONING HOURS PHYMENT	60
10/14/08	ID# CK# 2 8 1 ID#	SENATE MAJORITY FUND 5661 FLEUR DR Das Moines, TA 50321	CONTIRBUTION	10,000
	CK#			
	CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
			OUD TOTAL	+

SUB-TOTAL \$10, 260

TOTAL (if last page of this schedule)

\$17,191.06

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

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